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**REVOCATION OF POWER OF
ATTORNEY WITH
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/534718
Filing Date	5/12/2005
First Named Inventor	Reyes, Jose
Art Unit	
Examiner Name	
Attorney Docket Number	JJI.P.001US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 55701

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number: 55701

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	James R. Diefenthal, President, JJI Technologies, LLC		
Date	3/26/08	Telephone	(985) 847 - 1806

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 forms are submitted.

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